



6090 Woodson Street  
 Mission, KS 66202  
 Phone: (913) 676-8360  
 Fax: (913) 722-1415

Permit# \_\_\_\_\_

## Commercial Roofing Permit Application

<b>Property Owner</b>	<b>Site Address</b>
Name	Address
Address	City/ST/ZIP
City/ST/ZIP	Township Name
Telephone	Subdivision
<b>Roofing Contractor</b>	
Company	
Licensee Name	Contact:
Address	License #
City/ST/ZIP	License Class
Email:	Phone:
	Fax:
<b>Inspection Requirement:</b>	
Daily as work progresses or as frequently as necessary to view every phase of work	
<b>Type of Material Used:</b>	<b>Roof Area:</b>
<b>Description of Work:</b> (Include occupancy and construction type)	
<b>Valuation</b>	NOTE: THE INTERNATIONAL BUILDING CODE 2012, NATIONAL ELECTRICAL CODE 2011, INTERNATIONAL MECHANICAL CODE, AND INTERNATIONAL PLUMBING CODE HAVE BEEN ADOPTED.
Total Cost \$ _____	
X _____ Signature required by roofing company licensee per Johnson County Contractor Licensing program.	
PERMIT FEE: \$ _____	RECEIPT#: _____
APPROVED: _____	BY: _____ DATE: _____